



STATE OF MARYLAND

DHMH

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September 11, 2009

Public Health & Emergency Preparedness Bulletin: # 2009:35 Reporting for the week ending 09/05/09 (MMWR Week #35)

CURRENT HOMELAND SECURITY THREAT LEVELS

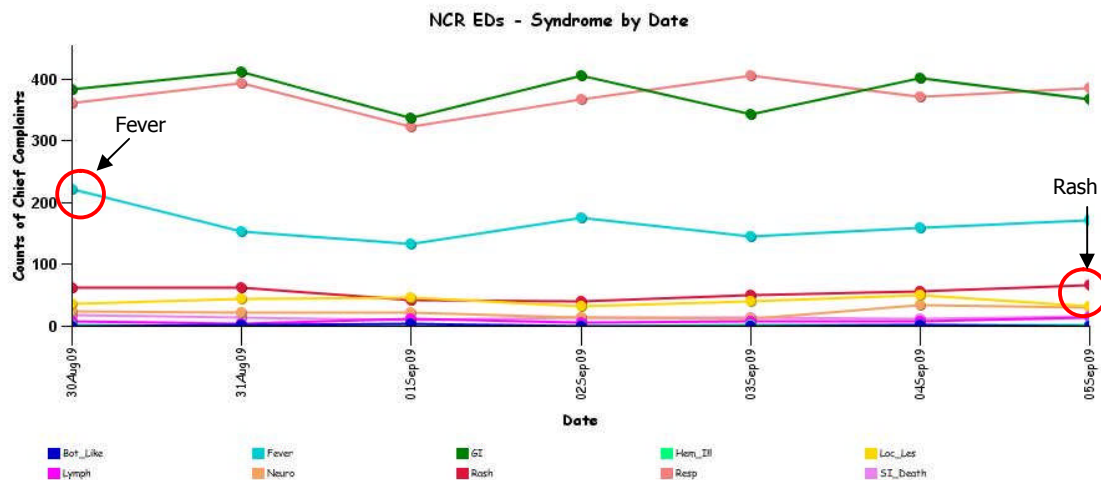
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

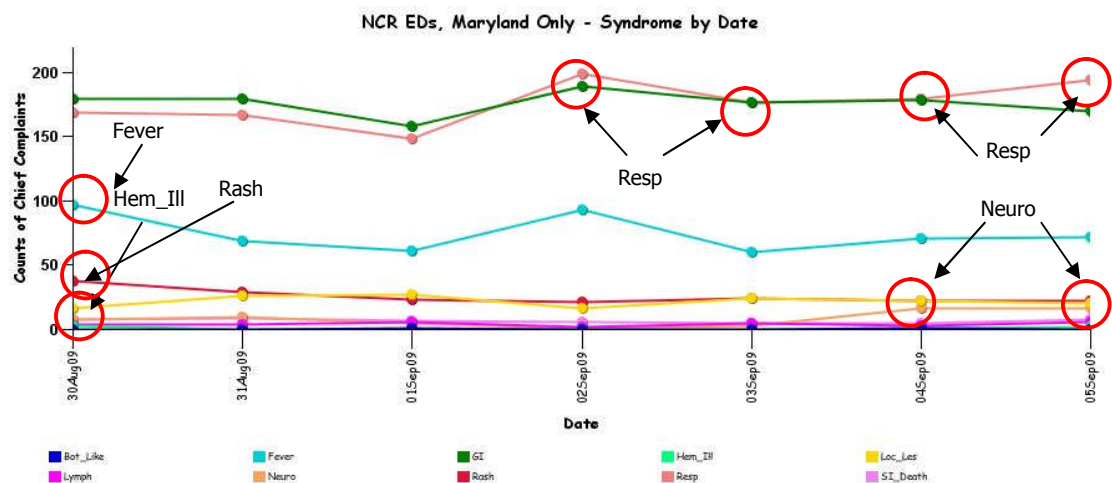
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

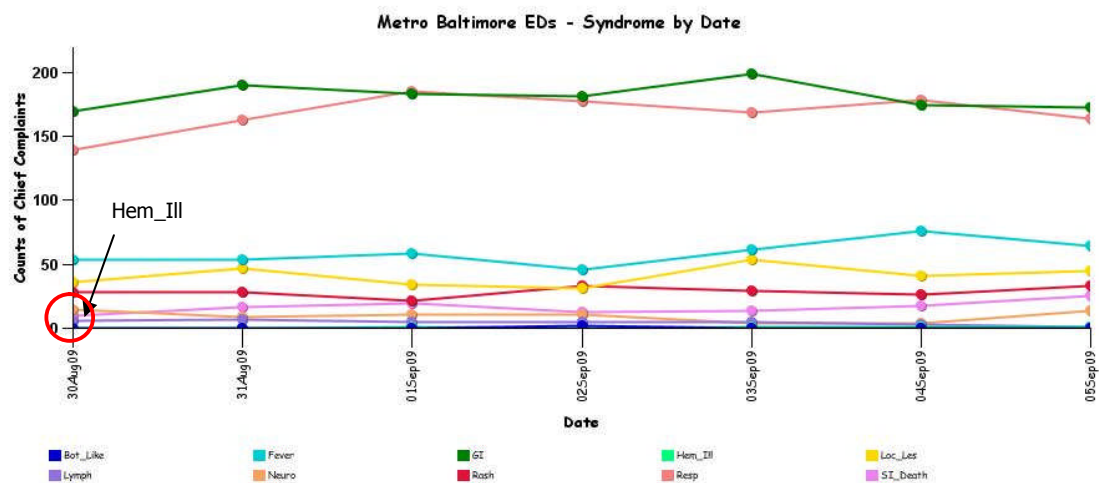
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.



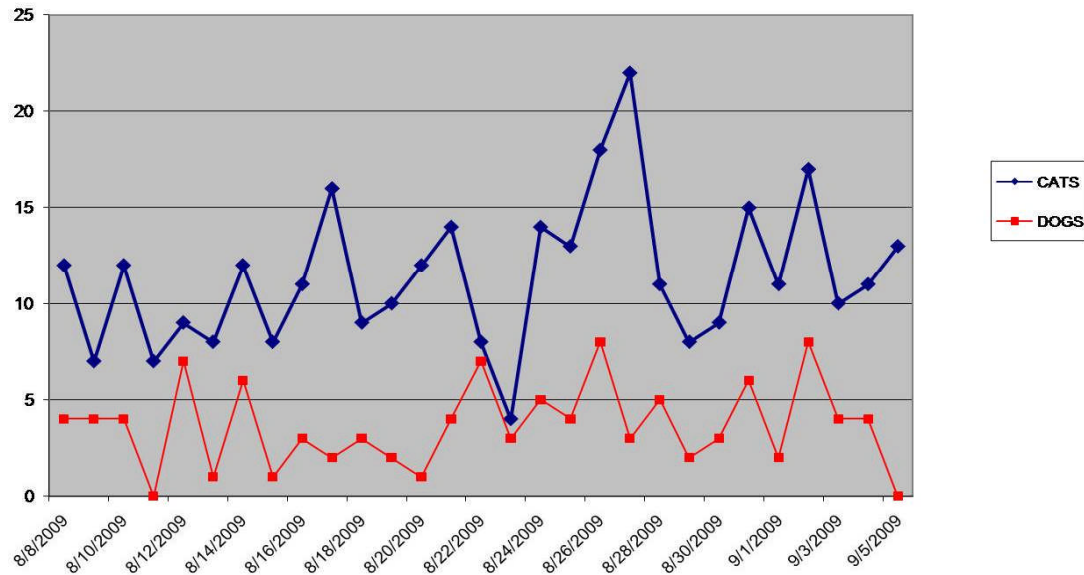
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

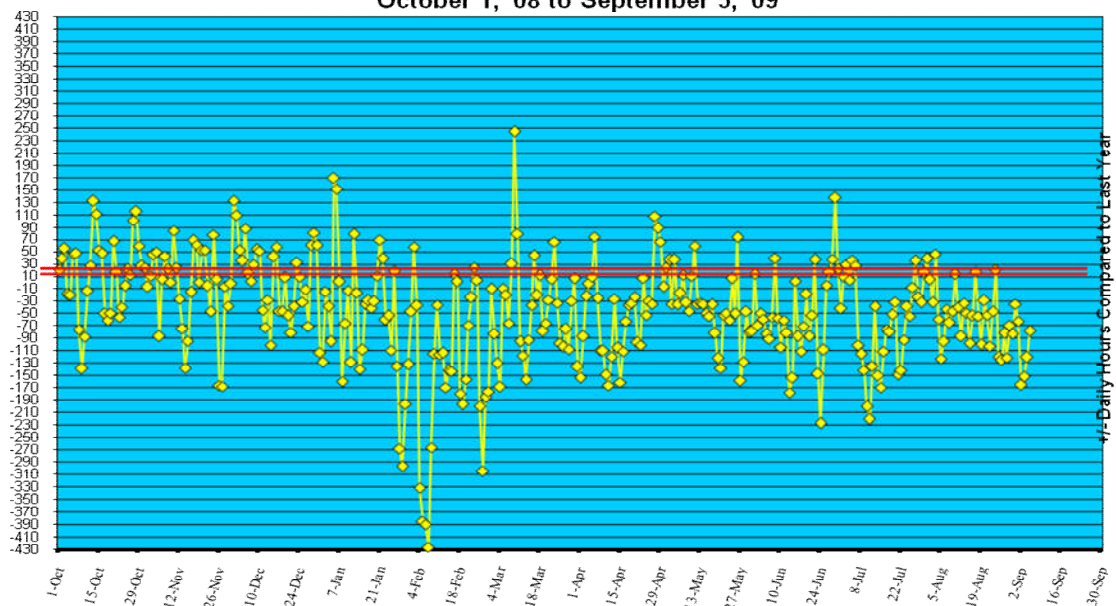
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '08 to September 5, '09**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in July 2009 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Aug 30- Sep 05, 2009):	27	0
Prior week (Aug 23- Aug 29, 2009):	19	0
Week#35, 2008 (Aug 24 - Aug30, 2008):	17	0

OUTBREAKS: 8 outbreaks were reported to DHMH during MMWR Week 35 (August 30- September 05, 2009):

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS associated with a Nursing Home

1 Foodborne Gastroenteritis outbreak

1 outbreak of FOODBORNE GASTROENTERITIS associated with a Private Event

5 Respiratory illness outbreak

- 1 outbreak of ILI associated with a School
- 1 outbreak of ILI associated with a Nursing Home
- 1 outbreak of ILI/PNEUMONIA associated with a Nursing Home
- 1 outbreak of INFLUENZA associated with a School
- 1 outbreak of INFLUENZA associated with a Correctional Facility

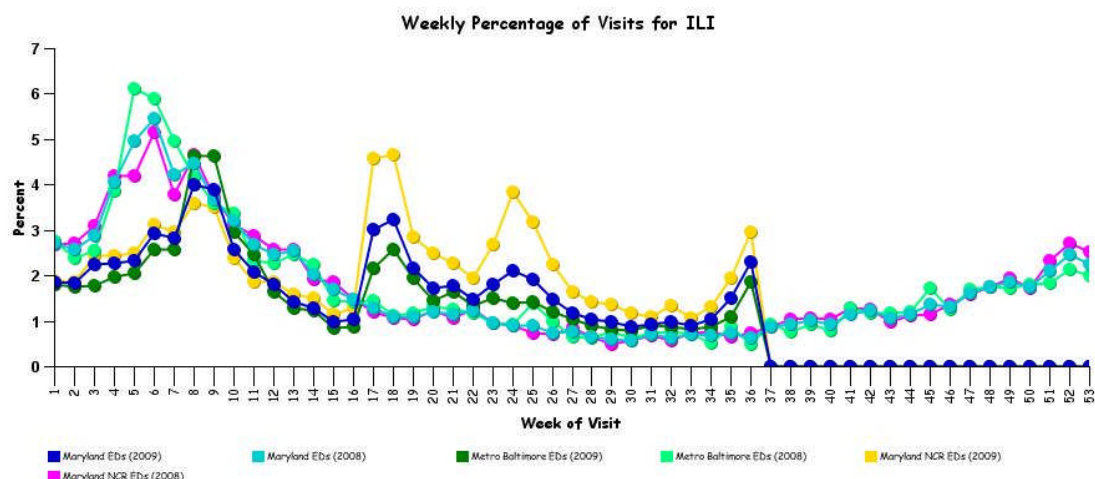
1 Rash illness outbreak

1 outbreak of VARICELLA associated with a School

MARYLAND INFLUENZA STATUS: Influenza activity in Maryland for Week 35 is WIDESPREAD.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



*Graph shows proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

PANDEMIC INFLUENZA UPDATE:

WHO Pandemic Influenza Phase: Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

US Pandemic Influenza Stage: Stage 0: New domestic animal outbreak in at-risk country

****More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:**
[http://preparedness.dhmmh.maryland.gov/Docs/PandemicInfluenza/PandemicInfluenzaResponseAnnex\(Vers7.2\).pdf](http://preparedness.dhmmh.maryland.gov/Docs/PandemicInfluenza/PandemicInfluenzaResponseAnnex(Vers7.2).pdf)

AVIAN INFLUENZA-RELATED REPORTS:

WHO update: As of August 31, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 440, of which 262 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

AVIAN INFLUENZA, HUMAN, SUSPECTED (INDONESIA (BALI)): 01 Sep 2009, Bali Husbandry Agency head I.B. Alit stated that avian flu was still present on the island of Bali, mostly among domesticated fowl. In addition, a pregnant woman from Gianyar Regency is being treated at Sanglah Hospital for avian flu [avian influenza A (H5N1) virus infection. Her unborn baby was dead.

AVIAN INFLUENZA, HUMAN (EGYPT): 01 Sep 2009, The Ministry of Health of Egypt has reported 2 new confirmed human case of avian influenza A (H5N1). The 1st case is a 2-year-old female from Menofia Governorate. Her symptoms started on 23 Aug 2009. She was admitted to a fever hospital on 26 Aug 2009, where she received oseltamivir treatment. The patient is in stable condition. The 2nd case is a 14-year-old female from Damitta Governorate. Her symptoms started on 21 Aug 2009. She was admitted to a fever hospital on 23 Aug 2009 where she received oseltamivir treatment, and is in stable condition. Investigations into the source of infection indicated that both cases had close contact with dead and/or sick poultry. The cases were confirmed by the Egyptian Central Public Health Laboratories. Of the 85 cases confirmed to date in Egypt, 27 have been fatal.

H1N1 INFLUENZA (Swine Flu):

INFLUENZA PANDEMIC (H1N1), PEDIATRIC DEATHS (USA): 04 Sept 2009, Children aged less than 5 years or with certain chronic medical conditions are at increased risk for complications and death from influenza. Because of this increased risk, the Advisory Committee on Immunization Practices (ACIP) has prioritized influenza prevention and treatment for children aged less than 5 years and for those with certain chronic medical and immunosuppressive conditions. CDC monitors child influenza deaths through its influenza-associated pediatric mortality reporting system. As of 8 Aug 2009, CDC had received reports of 477 deaths associated with 2009 pandemic influenza A (H1N1) in the United States, including 36 deaths among children aged less than 18 years. To characterize these cases, CDC analyzed data from April to August 2009. The results of that analysis indicated that, of 36 children who died, 7 (19 percent) were aged less than 5 years, and 24 (67 percent) had one or more of the high-risk medical conditions. 22 (92 percent) of the 24 children with high-risk medical conditions had neuro developmental conditions. Among 23 children with culture or pathology results reported, laboratory-confirmed bacterial coinfections were identified in 10 (43 percent), including all 6 children who 1) were aged greater than or equal to 5 years, 2) had no recognized high-risk condition, and 3) had culture or pathology results reported. Early diagnosis of influenza can enable prompt initiation of antiviral therapy for children who are at greater risk or severely ill. Clinicians also should be aware of the potential for severe bacterial coinfections among children diagnosed with influenza and treat accordingly. All children aged greater than or equal to 6 months and caregivers of children aged less than 6 months should receive influenza A (H1N1) 2009 monovalent vaccine when available.

INFLUENZA PANDEMIC (H1N1), ANIMAL HEALTH (SINGAPORE): 04 Sept 2009, The Agri-Food and Veterinary Authority (AVA) has detected the pandemic A (H1N1) virus in some pigs imported into Singapore from Indonesia's Pulau Bulan. But the AVA stressed that the pork available [in Singapore] is safe for consumption, as the H1N1 virus is not transmitted through the handling and consumption of pork and pork products including ham, bacon, sausages, and canned pork. AVA added it will step up its monitoring and inspection to ensure food safety, like increasing the number of daily pork samples taken for tests from 30 to 100. It will also take part in a comprehensive disease surveillance programme on the Pulau Bulan farm, led by the Indonesian authorities. The aim is to identify and isolate affected pig houses. Dr Chew Siang Thai, AVA's director-general for services, said: "AVA is now working closely with the Indonesian authorities and the farm management to ensure that clinically healthy pigs are exported to Singapore. "And these pigs, when they are in the abattoir, are also subjected to a series of inspections that ensure that safe pork get released into the market." Restricted animal movement will also be imposed to ensure only healthy pigs are exported to Singapore. The AVA said this is in line with the World Organization for Animal Health's recommendation. Meanwhile, steps have also been taken to make sure that everyone is safe. Dr Chew said: "The workers have already been putting on protective gear,

masks, and have been practising good hygiene procedures to avoid getting any potential infection." Suppliers have been informed of the steps being taken so that they too can play their part by enhancing measures and ensuring everybody complies with the requirements. AVA said that Singapore has adequate sources of pork supplies from 25 countries. Singapore's import of 1000 pigs daily from Pulau Bulan constitutes some 20 per cent of the total pork consumed there.

INFLUENZA PANDEMIC (H1N1) SOUTH AMERICAN PRESIDENTS EXPOSED: 27 Aug 2009, President Álvaro Uribe of Colombia has been diagnosed with swine flu, prompting urgent checks into the health of other South American leaders he met at a summit last week. The Colombian leader has been kept partly secluded in an office at the presidential palace in Bogotá and has continued working by telephone and internet. Officials said Uribe was expected to make a full recovery. "This isn't something that has us scared," Diego Palacio, the social protection minister, told a news conference yesterday [30 Aug 2009]. The 57-year-old conservative leader showed symptoms soon after addressing a summit at the Argentine ski resort of Bariloche on Friday [28 Aug 2009]. The presidents of Argentina, Bolivia, Brazil, Chile, Ecuador, Paraguay, Peru, Uruguay and Venezuela all attended the regional meeting. Uribe returned to Colombia. During a public event on Saturday [29 Aug 2009], he was sneezing and had a fever and aching muscles. On Sunday, doctors confirmed the cause was pandemic (H1N1) 2009 virus [swine flu virus] infection. Checks were being carried out on the 55 people who flew with him to the summit, including cabinet ministers, and Colombian authorities were using diplomatic channels to urge other South American governments "to adopt the necessary measures," said Uribe's spokesman, Cesar Mauricio Velasquez. To date, neither the president's travelling companions nor the other heads of state with whom he came into contact have reported symptoms. Venezuela's president Hugo Chavez said yesterday [30 Aug 2009] his own health was fine and wished his counterpart a speedy recovery. "I regret this and hope there are no repercussions for the president's health and that nobody else has caught the disease," he said. The Union of South American Nations summit was called because Chavez and other regional leaders had expressed alarm over Bogotá's plan to expand US access to Colombia's military bases in a pact that has evoked bitter memories of US meddling in the region. It was not immediately clear whether President Uribe was infected with the virus in Colombia, which has 621 confirmed cases, or picked it up in Argentina, which is in the depths of the southern hemisphere winter and has tens of thousands of suspected cases. Alberto Cortez, an infectious disease specialist at Colombia's National University, told the Associated Press Uribe could have infected other leaders. The presidents shook hands, spent hours around a table and mingled during the joint photo session. As the northern hemisphere braces itself for a surge in winter flu cases, the good news from the southern hemisphere is that its winter outbreak was less fatal than feared. The virus has not mutated into a harsher strain, allowing most people to recover without treatment.

Resources:

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmm.maryland.gov/swineflu/>

NATIONAL DISEASE REPORTS

EASTERN EQUINE ENCEPHALITIS, EQUINE (Maine): 05 Sep 2009, Two more Maine horses have died of the deadly mosquito-borne virus known as Triple E [Eastern equine encephalitis, or EEE]. State health officials say a horse in Gorham and another in Unity have died of the illness. That's in addition to 3 other horses, 2 in Waldo County and one in Penobscot County, who died of the illness late last month [August 2009]. In addition, 3 other horses in Waldo and York Counties are suspected of being infected with the virus. "These 5 dead horses with EEE indicate that there is a risk of people contracting the infection from mosquito bites," Maine Center for Disease Control Director Dr. Dora Anne Mills says in a statement. "Although the risk of contracting the infection from one mosquito bite is very low, it now appears the risk is geographically fairly widespread, given that it has now been detected in these various locations this year. We can assume other areas of the state have infected mosquitoes as well. Until we experience several deep frosts, it is important people take precautions to avoid getting bitten by mosquitoes." While people can't contract the illness directly from horses, they can be sickened by the bite of an infected mosquito. Mills says people should cover up with long clothes, use an effective insect repellent such as DEET and keep babies under nets outdoors. The illness often causes little or no symptoms in people, but when it does, it's fatal about one-third of the time, Mills says. In addition, about half of those who get sick and survive are left with permanent neurological damage. Last year, a man who spent a lot of time in Cumberland County died of the infection, but Mills says the man traveled extensively. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *non suspect case

INTERNATIONAL DISEASE REPORTS

ANTHRAX, HUMAN, BOVINE (Bangladesh): 04 Sept 2009, Anthrax is suspected to have been transmitted to humans from a diseased cow in a Pabna village [Rajshahi Division] recently affecting at least 26 people, officials in Dhaka and Pabna said. On information, a team comprised of specialists from the Institute of Epidemiology, Disease Control and Research (IEDCR), and Livestock Department collected blood and skin tissues from several affected people at Choto Pathail village under Santhia upazila [subdistrict] on [27 Aug 2009]. The team also sent the specimens for biopsy at the laboratories of IEDCR and Institute of Cholera and Diarrhoeal Diseases Research, Bangladesh (ICDDR,B). Senior scientific

officer of IEDCR Moshtaque Hossain acknowledged the specimens being tested at 2 labs to ascertain the suspected anthrax transmission in humans but declined to elaborate on the matter. Dr Apurba Chakrabarty, a member of the team that visited the affected people, said he was not authorized to divulge anything to the press about the suspected anthrax issue. Talking to The Daily Star yesterday [31 Aug 2009], civil surgeon of Pabna Dr AHM Khairul Alam Choudhury said the specimens were sent to Dhaka for tests on suspicion of anthrax but he said he would not be able to confirm it as yet. Officials in Pabna said some people of Choto Pathail village were infected with the suspected anthrax after consuming meat of a diseased cow. The livestock department officials confirmed the infection of anthrax in the cow. Villagers said the disease spread first among the people who processed the cow after it was slaughtered. The people who ate the meat of the cow also fell sick. At first, 17 persons were infected with the disease in Santhia upazila. Later, the number of patients increased in the area. Santhia upazila health department sources confirmed the number of affected people to be 26. Of the suspected anthrax affected people, [17 adults and children are stated to be in critical condition]. Santhia Upazila health officer Dr Md Monsurul Alam told The Daily Star, "We have given the patients a medicine course of 10 days. The disease can spread through eating meats of infected animals and also from people who have already contracted the disease." [Human-to-human transmission is not a feature of anthrax. Pabna District livestock officer Md Abdul Hamid confirmed to The Daily Star that they have already identified the disease in the animal. "We have visited the spot with the team that came from Dhaka. We have examined the bone and flesh of the dead animal and confirmed the anthrax disease. At least 3 cows died from the disease last week [week of 24 Aug 2009]," he said. Deputy civil surgeon of Pabna Dr Dipak Kumar told The Daily Star that until they get test reports from Dhaka the district health department officials would continue keeping watch so that the disease does not spread further. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, BOVINE (Australia): 26 Aug 2009, A property in Victoria's north-east has been quarantined after the death of a cow from anthrax. The Department of Primary Industries says the cow died on a farm in the Tatura-Stanhope area on Monday afternoon [31 Aug 2009] and the carcass was destroyed. The property was previously affected by anthrax and cattle on the farm have been vaccinated. The DPI's acting senior vet, Dr John Ryan, says it is an isolated case and they are confident the disease will be contained. "The herd is being kept under surveillance and the owner kept in contact with regularly," he said. "All neighboring properties are being vaccinated and we've developed a ring block coverage around the infected property to give some assurance we're containing it there." (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

JAPANESE ENCEPHALITIS (India): 31 Aug 2009, With 5 more children succumbing to encephalitis, the toll in the division due to the disease has mounted to 210, official sources said. 5 more children have died due to encephalitis at BRD Medical College [in Gorakhpur (UP)], while 145 patients are have been treated during the last 24 hours, additional director health LP Rawat said, adding 22 fresh cases were admitted in different hospitals. He said a total of 960 patients suffering from Japanese encephalitis and acute encephalitis syndrome (AES) were admitted this year [2009] to the medical college and other hospitals of the region, out of which 210 died. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *non suspect case

EBOLA HEMORRHAGIC FEVER (Uganda): 31 Aug 2009, Blood samples of the patient admitted to Mbale Hospital suspected of having Ebola hemorrhagic fever have been found free of the virus, the Uganda Virus Research Institute has reported. The Ministry of Health spokesperson, Paul Kagwa, yesterday [22 Aug 2009] said the Ministry was investigating other possible diseases the patient, whose name has been withheld, might have. "He is still in the hospital and he cannot be released until investigations are complete," Kagwa said. The man was admitted last week [week of 17 Aug 2009] after he was referred from Tororo Hospital with suspected Ebola hemorrhagic fever. He bled from the mouth, nose, ears and passed blood in his stool and urine, which are all symptoms of hemorrhagic fever. On Friday [21 Aug 2009], the director of clinical services, Dr Kenya Mugisha, said not all bleeding is caused by ebola viruses. A medical team was dispatched to Mbale to help handle the situation, Dr Mugisha said. He added that the patient was in a stable condition. The patient's relatives said he was first treated for malaria in Sudan, where he worked as a casual laborer at a construction site. Ebola hemorrhagic fever has a high death rate. The only way to stop or contain it is through prevention, rapid diagnosis, and isolation of suspected cases. The last outbreak of the disease [in Uganda] was reported in Bundibugyo in 2007. The disease killed 16 people out of the 51 cases that were reported. In 2000, an ebola virus outbreak in Gulu claimed 173 people of the 428 who were infected. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every

activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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